## **Final Report Form: TranspARTation Grant**



Complete this form, and email with receipts/invoices to: <a href="mailto:sheila.Ross@state.de.us">Sheila.Ross@state.de.us</a>. Upon receipt and review of this report and transportation invoices, the Division will reimburse the applicant up to \$300 of eligible transportation costs. Actual grant award will be calculated based on transportation receipts received with the final report and will not exceed the pre-approved grant award. <a href="mailto:Download this form to your computer then open & complete in Adobe Reader">Do not use the web browser or Mac Preview</a>.

## **School Information:**

1. Grant # (from original award notification)	
2. School	
3. Mailing Address	
4. City/State/Zip	State: DE Zip:
5. Name of person completing this form	
6. E-mail of person completing this form	
7. Date(s) of Arts Event	
8. Name of Event	

**9. Discipline of Program:** Of the 15 items in the list, check the **ONE (1)** item that best describes the arts discipline presented at the event you attended.

Code	Discipline Descriptor
01	dance
02	music
03	opera/musictheatre
04	theatre
05	visual arts
06	design arts
07	crafts

08	photography
09	media arts
10	literature
11	interdisciplinary
12	folklife/traditionalarts
13	humanities
14	multidisciplinary
15	non-arts/non-humanities

**10. Project Activity Location List:** Complete the grid to indicate all physical addresses where the arts event was presented. Be sure to complete the full address and number of days.

Street Address	City	State	Zip	# Days

**11.** In the following chart, enter the number of people from your school who directly engaged with the arts during this event.

	Number Engaged
Adults	
Children/Youth (0-18 yrs.)	
Total No. of Participants from your school (Adults & Children/Youth)	
Total number of Artists	

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For questions 12–14, select **all categories** that, by your best estimate, made up **25% or more** of the population from your school that directly participated in, or benefited from, attending this arts event.

**12.** Audience/Participants Demographics: by Race/Ethnicity Check all that represent at least 25% of the student and adult population from your school that attended the event.

Code	Project Race
Α	Asian
В	Black/AfricanAmerican
Н	Hispanic/Latino
N	American Indian/Alaska Native
Р	Native Hawaiian/Other Pacific Islander
W	White
G	No single racial/ethnic group made up more than 25%

**13.** Audience/Participants Demographics: by Age Check all that represent at least 25% of the student and adult population from your school that attended the event.

Code	Age Range
01	Children/Youth (0-18 years)
02	Young Adults (19-24 years)
03	Adults (25-64 years)
04	Older Adults (65+ years)
09	No single age group made up more than 25%

Page 2 of 3 Complete this form, and email with receipts/invoices to: <a href="mailto:Sheila.Ross@state.de.us">Sheila.Ross@state.de.us</a>. Upon receipt and review of this report and transportation invoices, the Division will reimburse the applicant up to the pre-approved award to cover eligible transportation costs.

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**14. Audience/Participants Demographics: by Distinct Groups:** Check **all** groups that represent at least 25% of the student and adult population from your school that attended the event.

Code	Distinct Groups
D	Individuals with disabilities
Е	Individuals with limited English proficiency
G	No single distinct group made up more than 25% of the population directly benefited
_	Individuals in Institutions (hospitals, nursing homes, assisted care facilities, correctional facilities, etc.)
M	Military Veterans/Active Duty Personnel
Р	Individuals below the poverty line
Υ	Youth at Risk

15. Total Transportation Costs and Grant request (not to exceed \$300 or the pre-approved grant award amount	unt,
whichever is less). Remember to attach all receipts (or invoices) for transportation costs with this report.	

Grant Request	Actual Cost	

16.	In the space provided, briefly describe how your students benefited from this trip and arts experience.
Plac	ce a check in this box prior to submission.
	I do hereby certify that all of the facts, figures, and representations made in this evaluation are true and correct to the best of my knowledge, and that all grant funds will be expended for the purposes outlined in the original application and reported herein.

Page **3** of **3** Complete this form, and email with receipts/invoices to: <a href="mailto:Sheila.Ross@state.de.us">Sheila.Ross@state.de.us</a>. Upon receipt and review of this report and transportation invoices, the Division will reimburse the applicant up to the pre-approved award to cover eligible transportation costs.